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08/31/2005 LWONDIM2 0	1926 ( NIB 2 9 2015)		ony W. Sutton	(Depositor's name)		
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APPLICATION NO.	FILING DATE	HIRSHINAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/778,926	02/06/2001		Collinge	102286-408CON	8540	
TITLE OF INVENTION: DO 08/31/2005 LWONDING 0	IAGNOSIS OF SPONGHA	BA ENCEPHALOPATHY				
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	- <del>-\$35-</del> \$70	\$0	<del>\$35</del> - \$70	08/29/2005	
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"Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.	ation form registered e of a Customer 2 registered	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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Authorized Signature	Alison E. Con	king	<del></del>	August 25,200		
Typed or printed name Alison E. Corkery			Regis	tration No. <u>52,770</u>	<u> </u>	
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